



COUPON OFFER REQUEST
DEADLINE: 25th of Month Prior to Offer

The Locals First! newsletter goes out the first of each month to approximately 1,000 local residents and employees who have expressed interest in **spending their money at local businesses**. The monthly email will include a **printable set of coupons**. *TIP: Locals First! coupons will be printed with the limitation "one per customer," but we cannot control reproduction of the printed coupons.*

The opportunity to participate in Locals First! is available **only** to current PHAMB members. There is currently no additional cost to participate. While PHAMB appreciates all our members, we are limiting participation to **locally owned and operated businesses**. Economic data supports that these are the merchants whose success and growth will most directly impact the financial strength and stability of our community.

Offers are selected for inclusion based on: value of discount, date request is received, type of business and location (to achieve diverse offerings each month). Up to ten offers will be included in each issue. A member of the marketing committee will contact you if your offer is selected.

Business Name: _____

Website: _____

Your Name: _____

Phone Number: _____ Email: _____

Yes, this business is locally owned and operated.

Please email localsfirst@potrerohill.biz with any questions regarding these requirements.

If selected, I agree to track coupon usage and report data back to PHAMB Marketing Committee.

Describe your offer in 15 words or less. *TIP: Make it as compelling as possible, without offering more than you can afford or handle. [Click here](#) for examples of April offers.*

Examples:

- "Free coffee with the purchase of any pastry"
- "2 for 1 entrée (equal or lesser value)"
- "50% off first appointment for new clients"

List any Restrictions/Requirements: (e.g., must purchase a second item, only valid on certain days/times, only valid for specific type of goods/services, etc.)

Full value of good or service: \$ _____ **Discount price** offered: \$ _____

Calendar month for which you are submitting offer: _____

Expiration Date: End of calendar month (default) Other: _____

Send completed forms to: localsfirst@potrerohill.biz or fax (415) 520.5554.